

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/542209

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3			1			
4			1			
5			1			
6			1			
7			3			
8			1			
9			1			
10			1			
11			1			
12			1			
13			1			
14			1			
15			1			
16			2			
17			1			
18			1			
19			2			
20			2			
21			6			
22			6			
23			6			
24			6			
25			6			
26			6			
27			1			
28			1			
29			1			
30			1			
31			1			
32			1			
33			3			
34			1			
35			1			
36			1			
37			1			
38			1			
39			1			
40			1			
41			1			
42			2			
43			1			
44			1			
45			2			
46			2			
47			6			
48			6			
49			6			
50			6			
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						